PAGE 1 / 8

Image# 13961608427

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other Than An A	Authorized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	na typo		Chiec Coc Only	
COMMITTEE (in full)	TIPE ON PHINT V	over the lines.	ig, type	12FE4M5		
CareFirst BlueCross I	BlueShield Associat	tes' Federal PAC				
ADDRESS (number and street)	10455 Mill Run Circle					
Check if different						
than previously reported. (ACC)	Owings Mill			MD	21117	
2. FEC IDENTIFICATION N	NUMBER ▼	CITY 🛦	S	STATE 🛦	ZIP CO	DE 🛦
C C00286922	3		IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
X April 15		Apr 20 (M4)	lul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15	(C) 12-Day	Primary (12P)	General ((12G)	Runoff (12R)
Quarterly Report October 15	Report for the	e: Convention (12C)	Special (12S)	
Quarterly Report	FIL	ection on	D D /	Y	in the State o	f
Year-End Report July 31 Mid-Year Report (Non-elect	(d) 30-Day	30.011 011			State 6	
Year Only) (MY)	POST-Electio Report for the	,	à)	Runoff (3	0R)	Special (30S)
Termination Repo		ection on	D D /	Y	in the State o	f
5. Covering Period	01 01 20	through	03	/ 31 /	2013	
I certify that I have examined	this Report and to the bes	t of my knowledge and b	pelief it is true	e, correct and	l complete.	
Type or Print Name of Treasur	•	. •			-	
Signature of Treasurer Jea	nne Kennedy	[Electronically	Filed] Da	ate 04	/ D D /	2013
NOTE: Submission of false, erro	neous, or incomplete inform	ation may subject the pers	son signing th	is Report to th	ue penalties of 2 l	J.S.C. §437g.
Office			2 0		-	
Use Only					FEC FOR Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: 01 01 2013 To: 03 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		10971.26
	(b) Cash on Hand at Beginning of Reporting Period	10971.26	
	(c) Total Receipts (from Line 19)	5401.99	5401.99
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16373.25	16373.25
7.	Total Disbursements (from Line 31)	7750.00	7750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8623.25	8623.25
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	rotal fine fored	Odionadi Todi to Bato
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	784.00	784.00
		4047.00
(ii) Unitemized(iii) TOTAL (add	4617.99	4617.99
Lines 11(a)(i) and (ii)▶	5401.99	5401.99
(I) D. I'' - I D. I. O 'I'	0.00	0.00
(b) Political Party Committees	0.00	5.65
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	5401.99	5401.99
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (nom concuule 115)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5401.99	5401.99
Total Federal Receipts	5104.00	5101.00
(subtract Line 18(c) from Line 19) ▶	5401.99	5401.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1. Ope	erating Expenditures: Allocated Federal/Non-Federal	.0.0.1 1110 1 01100	סמופוועמו ופמו-נט-טמנפ		
()	Activity (from Schedule H4)	200	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(b)	Other Federal Operating				
(0)	Expenditures	0.00	0.00		
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Tra	insfers to Affiliated/Other Party				
	mmitteesntributions to	0.00	0.00		
and	deral Candidates/Committees d Other Political Committees	7500.00	7500.00		
	ependent Expenditures e Schedule E)	0.00	0.00		
. Cod	ordinated Party Expenditures				
(us	U.S.C. §441a(d)) e Schedule F)	0.00	0.00		
Loa	an Repayments Made	0.00	0.00		
Loa Ref	ans Madefunds of Contributions To:	0.00	0.00		
	Individuals/Persons Other Than Political Committees	0.00	0.00		
(b)	Political Party Committees	0.00	0.00		
(c)	Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
(d)	Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
. Oth	ner Disbursements	250.00	250.00		
Fed	deral Election Activity (2 U.S.C. §431(20))				
	Allocated Federal Election Activity				
	(from Schedule H6) (i) Federal Share	0.00	0.00		
	(i) i ddeiai dhale				
	(ii) "Levin" Share	0.00	0.00		
(b)	Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c)	Total Federal Election Activity (add	2.22			
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
	al Disbursements (add Lines 21(c), 22,				
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	7750.00	7750.00		
	al Federal Disbursements				
	btract Line 21(a)(ii) and Line 30(a)(ii)	775000	7750.00		
iror	m Line 31)	7750.00	7750.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5401.99	5401.99
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5401.99	5401.99
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:			PAGE	6	OF		8		
(check only one)										
	×	11a		11b		11c	12			
		13		14		15	16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CareFirst BlueCross BlueShiel	d Associates' Federal PAC	
Full Name (Last, First, Middle Initial) Wanda K Oneferu-bey Mailing Address 1319 Robin Road		Date of Receipt
		03 31 2013
City	State Zip Code	Transaction ID : PR1262121127033
Pikesville	MD 21208-3620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	224.00
Name of Employer	Occupation	
CareFirst of Maryland, Inc	AVP, INDIV SALES, TRNG, DVLPMT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	P/R Deduction (\$16.00 Weekly)
Full Name (Last, First, Middle Initial) Mr. Chester Burrell		Date of Receipt
Mailing Address 3023 O Street	0t. 7: 0t.	03 31 2013
City	State Zip Code DC 20007-3108	Transaction ID : PR1727227327033
Washington	2000.0.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	280.00
Name of Employer	Occupation	
CareFirst, Inc.	President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$0.00)
Full Name (Last, First, Middle Initial) Mr. Fred Plumb		Date of Receipt
Mailing Address 8207 Mount Vernon Highwa		03 31 2013
City Alexandria	State Zip Code VA 22309-1915	Transaction ID : PR1934102927033 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	280.00
Name of Employer	Occupation	
CareFirst BlueCross BlueShield	SVP ASU - FEP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	P/R Deduction (\$0.00)
SUBTOTAL of Receipts This Page (optional)		784.00
TOTAL This Period (last page this line numbe	r only)	784.00

TEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page If you have betailed Summary Page If you have have betailed Summary Page If you have have have have betailed Summary Page If you have have have have have betailed Summary Page If you have have have have have have have have	SCHEDULE B (FEC Form 3)	(1)	FOR LINE	NUMBER: PAGE 7 OF 8
Any information copied from such Reports and Statements may Page 27 28 28 28 28 28 28 28 38 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CareFirst BlueCross BlueShield Associates' Federal PAC Full Name (Last, First, Middle Initial) A Mikulski for Senate Mailing Address 10 G Street NE Suite 470 City Washington Candidate Name Barbara Mikulski Office Sought President State: MD District City State Zip Code Purpose of Disbursement Date of Disbursement this Period Category' Type Date of Disbursement this Period Category' Type Date of Disbursement this Period Category' Type Date of Disbursement Date of Disbursement Date of Disbursement Transaction ID: 49817395 Amount of Each Disbursement Date of Disbursement Date of Disbursement Transaction ID: 49817395 Amount of Each Disbursement file Period Transaction ID: 49817402 Amount of Each Disbursement This Period Transaction ID: 49817402 Amount of Each Disbursement This Period Transaction ID: 49817402 Amount of Each Disbursement This Period Transaction ID: 49817402 Amount of Each Disbursement This Period Transaction ID: 49817402 Amount of Each Disbursement This Period Category' Type Disbursement Category' Type Disbursement Candidate Name City State: MD District: 07 Full Name (Last, First, Middle Initial) Date of Disbursement Category' Type Disbursement Category' Type Disbursement Category' Type Disbursement District: 07 Full Primary Frimary General Primary General Disbursement Date of Disbursement This Period Transaction ID: 49817395 Amount of Each Disbursement This Period Transaction ID: 49817395 Transaction ID: 49817395 Amount of Each Disbursement This Period Tran	•	Use separate schedul	e(s) check only	NOMBEN.
Any information copied from such Reports and Statements may not be sold or used by any preson for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CareFirst BlueCross BlueShield Associates' Federal PAC Full Name (Last, First, Middle Initial) A. Mikulski for Senate Mailing Address 10 G Street NE Suite 470 City Washington Cardopony Barbara Mikulski Office Sought Full Name (Last, First, Middle Initial) Curmnings for Congress Mailing Address 2901 Druid ParkDrive City State Purpose of Disbursement Cardodiato Name Cardodiato Name Full Name (Last, First, Middle Initial) Cardopony Full Name (Last, First, Middle Initial) Cardodiato Name Full Name (Last, First, Middle Initial) Cardodiato Name Cardodiato Name Cardopony Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Cardodiato Name City Full Name (Last, First, Middle Initial) Cardodiato Name City Full Name (Last, First, Middle Initial) Cardopony Full Name (Last, First, Middle Initial) Cardodiato Name Cardodiato Name Cardodiato Name Cardodiato Name Cardodiato Name Cardopony Full Name (Last, First, Middle Initial) Cardopony Full Name (Last, First, Middle Initial) Cardopony Ful				
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NAME OF COMMITTEE (In Full) CareFirst BlueCross BlueShield Associates' Federal PAC Full Name (Last, First, Middle Initial) Amilling Address Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Full Name (Last, First, Middle Initial) State: MD Disbursement Candidate Name Elijah Cummings Office Sought: Senate Primary General Pr				
CareFirst BlueCross BlueShield Associates' Federal PAC Full Name (Last, First, Middle Initial) A. Mikulski for Senate Mailing Address 10 G Street NE Suite 470 City State Zip Code DC 20002 Purpose of Disbursement Barbara Mikulski Office Sought: House ND Disbursement For: 2016 State: MD District: President State ND Disbursement For: 2016 Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type Candidate Name Category' State Zip Code ND 21215 Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type City State: MD District: 07 Full Name (Last, First, Middle Initial) Candidate Name Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type City State: MD District: 07 Full Name (Last, First, Middle Initial) Candidate Name Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type Date of Disbursement Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type Date of Disbursement this Period Category' Type District 07 Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type District 07 Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type District 07 Full Name (Last, First, Middle Initial) Date of Disbursement Type District 07 Full Name (Last, First, Middle Initial) Date of Disbursement Type Date of Disbursement Type Date of Disbursement Type Date of Disbursement Type Date of Disbursement	or for commercial purposes, other than using	the name and address of any p	political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A Mikulski for Senate Mailing Address 10 G Street NE Suite 470 City State Zip Code DC 20002 Purpose of Disbursement Candidate Name Barbara Mikulski State: MD District: Full Name (Last, First, Middle Initial) Candidate Name Category/ City State Zip Code Batternore MD Ziz15 Full Name (Last, First, Middle Initial) Candidate Name Category/ City State Zip Code Batternore MD Ziz15 Full Name (Last, First, Middle Initial) Candidate Name Category/ City State Zip Code Batternore MD Ziz15 Full Name (Last, First, Middle Initial) Candidate Name Category/ City State Zip Code Batternore MD Ziz15 Full Name (Last, First, Middle Initial) Candidate Name Category/ City State Zip Code Purpose of Disbursement Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Category/ City State Zip Code Category/ City State Zip Code Amount of Each Disbursement this Period	NAME OF COMMITTEE (In Full)			
Mikulski for Senate Mailing Address 10 G Street NE Suite 470 City	CareFirst BlueCross BlueShi	eld Associates' Federa	I PAC	
Mikulski for Senate Mailing Address 10 G Street NE Suite 470 City	/			
Mailing Address 10 G Street NE Suite 470 City Washington DC 20002 Purpose of Disbursement Candidate Name Barbara Mikulski Office Sought: House State: MD District: City Battinore Purpose of Disbursement Candidate Name Clast, First, Middle Initial) Commings Com	_			D . (D)
Mailing Address 10 G Street NE Suite 470 City State Zip Code DC 20002 Transaction ID: 49817395 Transaction ID: 49817395 Amount of Each Disbursement this Period Category/ 1/19e Disbursement For: 2016 Primary General Other (specily) ▼ State: MD District: Full Name (Last, First, Middle Initial) Cummings for Congress Mailing Address 2901 Druid ParkDrive City State Zip Code MD 21215 Primary General Other (specily) ▼ Transaction ID: 49817395 Amount of Each Disbursement this Period Category/ 11 2013 Transaction ID: 49817402 Transaction ID: 49817402 Transaction ID: 49817402 Amount of Each Disbursement this Period Category/ 11 2013 Transaction ID: 49817402 Transaction ID: 49817402 Transaction ID: 49817402 Amount of Each Disbursement this Period Category/ 2500.00 Transaction ID: 49817402 Transaction ID: 49817402 Transaction ID: 49817402 Amount of Each Disbursement this Period Category/ 2500.00 Transaction ID: 49817402 Transaction ID: 49817402 Transaction ID: 49817402 Amount of Each Disbursement this Period Category/ 179e Transaction ID: 49817402	A. Mikulski for Senate			Date of Disbursement
City Washington Purpose of Disbursement Candidate Name Barbara Mikulski Office Sought: House President State: MD Disbursement City State Zip Code MD 21215 Purpose of Disbursement Candidate Name City State: MD Disbursement Candidate Name Elijah Cummings Office Sought: House President State: MD Disbursement Candidate Name Cother (specify) ▼ Category/ Type Disbursement Tor: Candidate Name Candi	Moiling Addroop 40 C Street NE Cuite 470			
Washington DC 20002 Purpose of Disbursement Candidate Name Barbara Mikulski Office Sought: House Senate President State: MD Disbursement For: 2016 City State: MD Disbursement Category/ Type Disbursement Mailing Address City State Zip Code Purpose of Disbursement State: MD District: 07 Full Name (Last, First, Middle Initial) Amount of Each Disbursement Date of Disbursement Office Sought: Yerisalent Office Sought: Senate President Category/ Type Disbursement Office Sought: Yerisalent Category/ Type Disbursement Office Sought: Yerisalent State: MD District: 07 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Disbursement Office Sought: Yerisalent Office Sought: Yerisalent Category/ Type Office Sought: Yerisalent Office Sought: Yerisalent Category/ Type Office Sought: Yerisalent Office Sought: Yerisalen	Mailing Address 10 G Street NE Suite 470			02 11 2013
Washington DC 20002 Purpose of Disbursement Candidate Name Barbara Mikulski Office Sought: House Senate President State: MD Disbursement For: 2016 City State: MD Disbursement Category/ Type Disbursement Mailing Address City State Zip Code Purpose of Disbursement State: MD District: 07 Full Name (Last, First, Middle Initial) Amount of Each Disbursement Date of Disbursement Office Sought: Yerisalent Office Sought: Senate President Category/ Type Disbursement Office Sought: Yerisalent Category/ Type Disbursement Office Sought: Yerisalent State: MD District: 07 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Disbursement Office Sought: Yerisalent Office Sought: Yerisalent Category/ Type Office Sought: Yerisalent Office Sought: Yerisalent Category/ Type Office Sought: Yerisalent Office Sought: Yerisalen	City	State Zip Code		
Purpose of Disbursement Candidate Name Barbara Mikulski Office Sought: House President State: MD District: Full Name (Last, First, Middle Initial) Candidate Name Elijah Cummings Office Sought: Purpose of Disbursement State: MD District: Total Name (Last, First, Middle Initial) Candidate Name Elijah Cummings Office Sought: President State: MD District: Transaction ID: 49817402 Amount of Each Disbursement Transaction ID: 49817402 Amount of Each Disbursement Category/ Type Disbursement For: 2014 Primary General Office Sought: President State: MD District: 07 Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Primary General Office Sought: Primary General Office Sought: Primary General Office Sought: Primary General Office Sought: President Category/ Type Date of Disbursement this Period Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: Primary General Office Sought: Primary General Office Sought: President State: Disbursement Category/ Type Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Type Office Sought: Primary General Office Sought: Primary General Office Sought: President State: Disbursement For: Senate Primary General Office Sought: President Disbursement For: Primary General Office Sought: Primary General	•			Transaction ID: 49817395
Candidate Name Barbara Mikulski Office Sought: House Senate President State: MD District: Full Name (Last, First, Middle Initial) Camdidate Name Elijah Cummings Office Sought: House MD District: Full Name (Last, First, Middle Initial) Candidate Name Elijah Cummings Office Sought: House Disbursement For: 2014 Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: 2014 Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: 2014 Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement For: 2014 Amount of Each Disbursement For: 2014 Amount of Each Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 201				
Barbara Mikulski Office Sought: House			011	Amount of Each Disbursement this Period
Barbara Mikulski Office Sought: House	Candidate Name		Category/	
Senate President Other (specify) Cother	Barbara Mikulski			5000.00
State: MD District: District: District: District: District: District: District: Date of Disbursement Transaction ID: 49817402 Amount of Each Disbursement this Period Category/ Type Disbursement For: 2014 President State: MD District: 07 Full Name (Last, First, Middle Initial) Table of Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Category/ Type Date of Disbursement Date of Disbursement this Period Amount of Each Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Disbursement For: Disbursement Candidate Name Category/ Type Disbursement For: Disbursement Fo	Office Sought: House D	isbursement For: 2016	1	
State: MD District: Full Name (Last, First, Middle Initial) 3. Cummings for Congress Mailing Address 2901 Druid ParkDrive City State Zip Code MD 21215 Purpose of Disbursement Candidate Name Elijah Cummings Office Sought: House Senate President State: Disbursement City State Zip Code MD 21215 Transaction ID: 49817402 Amount of Each Disbursement this Period Category/ Type Office Sought: Other (specify) Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Other (specify) Category/ Type Office Sought: House Senate Primary General Other (specify) Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Sought: Other (specify) Transaction ID: 49817402 Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Type (specify) Type (s	Senate Senate	Primary Gener	ral	
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SCHEDULE B (FEC Form 3X)	C Form 3X)		E NUMBER: PAGE 8 OF 8			
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.			
TEMIZED DISDOTISEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26			
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Any information copied from such Reports and Stater						
or for commercial purposes, other than using the nar	ne and address of any political	committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)		_				
CareFirst BlueCross BlueShield As	ssociates' Federal PA	C				
Full Name (Last, First, Middle Initial)						
Anita Bonds for DC Council			Date of Disbursement			
Moiling Address COO 4 445 Ct. NW			M M / D D / Y Y Y Y			
Mailing Address 600 14th St., NW Suite 400			02 11 2013			
	State Zip Code					
Washington	DC 20005		Transaction ID: 49817383			
Purpose of Disbursement Anita Bonds, COUNCIL @ LARGE DC	ı	244				
Candidate Name		011	Amount of Each Disbursement this Period			
MS. Anita Bonds		Category/	250.00			
	ment For: 2013	Туре	7 7			
Senate	Primary General		Anita Bonds, COUNCIL @ LARGE DC			
President	Other (specify) ▼					
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Full Name (Last, First, Middle Initial)						
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SUBTOTAL of Disbursements This Page (optional)			250.00			
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